

SUMMARY OF DISSERTATION RESULTS
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**BARRIERS FOR LATINA WOMEN TO ACCESS HEALTHCARE SERVICES IN
LOUISVILLE, KENTUCKY**

- ❖ **BACKGROUND:** Study was conducted during 2008 and 2009 for a dissertation project at the Kent School of Social Work, University of Louisville
- ❖ **FUNDING:** The community maps were funded by a portion of a grant from Louisville Metro Council.
- ❖ **PURPOSE:** Investigation of social indicators for health care access and underlying structures
- ❖ **INDICATORS:** Infrastructure, immigration and health policy, health insurance coverage, structure of medical profession and education, culture and language
- ❖ **UNDERLYING STRUCTURES:** Ethnicity, gender, socioeconomic status, citizenship/nationality (intersecting systems of domination)
- ❖ **SOCIAL INJUSTICES BASED ON OPPRESSIVE FORCES:** Cultural imperialism, exploitation, marginalization, powerlessness
- ❖ **METHODOLOGIES:** Community mapping, community survey, focus groups/interviews

RESULTS

COMMUNITY MAPPING

- High dispersion of Latina population in Jefferson County; higher concentration in the center of Jefferson County
- Latinas, experiencing poverty, are more spread out than African American and White females, and have higher proportions in concentrated areas compared to male counterparts
- Language problems (compared to poverty) seemed to be more prevalent for Latinas than Latinos
- Healthcare and other social services are more located in North, Northwest, and Southwestern part of Jefferson County, less in the Eastern areas
- Metro Council Districts 2, 9, 11, and 21 demonstrate areas where poor Latinas live who also have language problems
- Higher proportions of census tracts populating Latinas were located further away from Family Health Centers, independent from density, than census tracts with African American or White women; higher concentrated census tracts seemed to be closer to hospitals than lower concentrated ones

COMMUNITY SURVEY (due to small N only trends can be reported)

- 58.8% had no insurance; 62.7% utilized Family Health Centers
- Barriers (transportation access, interpretation/translation issues, politeness of staff, leaving without treatment, no information about treatment/illness etc.): 35.3% had no access to transportation in case of emergency; 56.9% reported waiting time as a problem; and 58.8% reported that documents were not in Spanish
- Of those who went to the ER, 63.2% did not have income and 63.2% had problems to find transportation in case of an emergency
- Of those who used the Family Health Centers, 51.6% did not have income, 81.3% did not have insurance, and 48.8% had problems to find transportation in case of an emergency

- Tendency that barriers are faced more when using FHC or ER
- Tendency that those with no income, less education, no insurance experience barriers more often

FOCUS GROUPS/INTERVIEWS

- Confirmation of the social indicators as barriers for Latina women to access healthcare services in Louisville
- Social indicators are infiltrated with intersecting systems of domination (gender, ethnicity, citizenship/nationality, socioeconomic status)
- Identification of patterns of domination and oppression for Latinas: Due to their gender, their ethnicity and language, citizenship status and nationality, and their socioeconomic status, Latinas in Louisville can
 - experience subordination to universal standards, being expressed by policies, that involve bias against them as women and as members of the Latina/o ethnicity, leading to the exclusion or limitation of effective, necessary, and life-saving healthcare services
 - be exposed to biases and discrimination within their own ethnicity
 - be excluded from influential decision-making processes within the healthcare, social, and political system
 - lack of status and authority within the community
 - experience marginalization because of culture, lack of education, or lack of acknowledgement of gained education in the home country
 - face exploitative processes, with being employed and paying taxes and not receiving any benefits
 - face marginalization on the level of service provision, since there is no organized network between healthcare and social service providers

OVERALL RESULTS

- Existing resources for Latinas: information online, bilingual and dedicated staff, Family Health Centers, existing cultural competency training, own families, informal/formal/support groups, volunteers, and health fairs; Title VI as state policy; existing interpretation services, diversity among staff; pro-immigrant city administration
- Barriers: discrepancy between location of Latinas and healthcare providers; lack of effective public transportation; lack of healthcare services; lack of insurance; fragmentation of existing healthcare and community services, lack of networks; lack of knowledge about resources and service providers; lack of interpreters and cultural competency training, reinforced by high costs and resistance of staff; lack of Latina/o clinical staff, reinforced by the missing awareness of human resources; financial struggles of city and state, growing low-income population; Welfare Reform 1996 and failure of Kentucky to address 5-year gap, focus on immigration status; failure to provide meaningful language access
- Human Rights: everyone has the right to rights without distinction based on language, national, social origin => Latinas excluded based on these traits from healthcare system

RECOMMENDATIONS

- Policy Level: Integrating universal thinking: discussion human rights at KY General Assembly and resolution to UN; getting media attention for human rights, integrate human rights in educational curricula; focus on wellbeing of community; more informed policies: looking at specific groups; creating access to legal status under certain conditions; City of Refuge to reduce fear, discrimination and to create respect, awareness, and trust

- Organizational and Individual Level: Implementation and continuation of cultural competency training/language access training; increase of diversity among healthcare providers; network between service providers; expansion of healthcare, especially mental health, services; improving system of certification for Latina/o healthcare providers
- Community Level: increase and improve outreach to community: education about healthcare system, existing resources and services, treatment, illnesses, rights; information at public sites; education about home treatment; training of lay health workers; Spanish phone lines; places where women can learn, improve English; politically organized groups through grassroots and community organizing efforts; exposing US students to other cultures and languages; studying abroad integrated in curricula; reaching out to Latina/o children: providing early education programs and support for parents; reaching out to Latina/o students: providing funds and guidance; involving schools that train healthcare, social professionals in more service learning

Reference: Friedrich, J. (2009). *Systemic barriers for Latina women accessing healthcare service in Louisville, KY—An assessment of social indicators in order to disclose social injustices*. Unpublished doctoral dissertation, University of Louisville, Louisville, KY.

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